STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395691	A. BLDG: 00 B. WING:	05/10/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
RIVERSTREET MANOR STATE LICENSE NUMBER: **185302**	**440 N RIVER STREET** **WILKES-BARRE, PA 18702**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an abbreviated complaint survey completed on May 10, 2023, it was determined Riverstreet Manor was not in compliance with the following requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care Facilities and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0660 SS=D		F 0660		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0660 SS=D	Continued from page 1 483.21(c)(1)(i)-(ix) Discharge Planning Process §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences.	F 0660	Resident CR1 has been discharge from facility. Current residents that indicate interest in returning to the community and/or other long term care facilities will have appropriate referrals sent and documented in residents record. Current residents will be reviewed to ensure discharged plan of care is updated. Changes/updates to discharge plan will be documented in residents clinical record. NPE/Designee will re-inservice the Social Service Department on the Discharge Summary and Plan Policy with focus on the post-discharge plan. Social Service Director/Designee will complete a weekly audit on random residents to ensure the discharged plan of care is updated, changes/updates are documented in clinical record as needed, and referrals to outside agencies are sent as appropriate.	Completion Date: **05/23/2023** Status: **APPROVED** Date: **05/24/2023**

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F 0660 SS=D	Continued from page 2 (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant	F 0660	Social Service Director/Designee will present results from audits during monthly QAPI Meeting for review and/or recommendations.	

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F 0660 SS=D	Continued from page 3 resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by:	F 0660		

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F 0660 SS=D	Continued from page 4 Based on a review of clinical records and staff interview it was determined that the facility failed to develop and implement an individualized discharge plan for one of seven residents reviewed (CR1). Findings Include: A review of Resident CR1's clinical record revealed admission to the facility on March 8, 2023, with diagnoses, which included thrombocytopenia (deficiency of platelets in the blood. This causes bleeding into the tissues, bruising, and slow blood clotting after injury) and anemia (a condition in which the body does not have enough healthy red blood cells). A review of a social services assessment dated March 10, 2023, revealed that the	F 0660		

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F 0660 SS=D	Continued from page 5 resident was to have a short-term placement. It was not indicated if her discharge plan was to return to home after her short-term stay. A review of the resident's plan of care initially dated March 8, 2023, revealed that the facility failed to identify the resident's specific discharge goals and potential location the resident wished to return following her short term stay at the skilled nursing facility and interventions to meet those goals. A review of a Notice of Medicare Non-Coverage form revealed that the resident's Medicare provider was no longer going to cover the resident's skilled nursing services after March 20, 2023. A review of the clinical record failed to	F 0660		

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F 0660 SS=D	Continued from page 6 identify the resident's plans for discharge or long term placement following her last day covered by Medicare on March 20, 2023. A review of facility documentation dated March 21, 2023, indicated that Employee 1, Business Office staff, spoke with the resident's son about the resident's safety and not being able to return home at that time. The resident's son stated that he would like to have his mother placed in an assisted living facility. According to this documentation, social services staff would work on placing the resident in assisted living facility as her son requested. At the time of the survey ending May 10, 2023, there was no documented evidence that the social service staff had mad	F 0660		

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F 0660 SS=D	Continued from page 7 referrals or inquires regarding the resident's discharge to an assisted living facility. There was no documented evidence that the resident's discharge plan was updated with new goals and interventions for the resident to be discharged to an assisted living facility. An interview with Employee 2, Social Services, on May 10, 2023, revealed that the resident was to return to home on March 21, 2023, but due to a fall the resident's safety was a concern and she was not discharged to home. Employee 2 stated that the resident's family made him aware after the fall that they would like the resident to be discharged to an assisted living facility. However, Employee 2 stated that he "was busy" during that time	F 0660		

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F 0660 SS=D	Continued from page 8 and didn't send out referrals to assisted living facilities on the resident's behalf to facilitate the resident's discharge to an assisted living facility. During an interview on May 10, 2023, at approximately 2:00 PM the Nursing Home Administrator confirmed that an individualized discharge plan had not been developed, reviewed and revised as needed for this resident with interventions to meet the resident's discharge goals and needs to ensure a smooth and safe transition from the facility to the post-discharge setting. 28 Pa. Code (a)(b) Social Services 28 Pa. Code 201.25 Discharge policy	F 0660		

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F 0660 SS=D	Continued from page 9	F 0660		

Certified End Page

RIVERSTREET MANOR

STATE LICENSE NUMBER: 185302

SURVEY EXIT DATE: 05/10/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY